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APPLICANTS

Mark H. Tuszynski, La Jolla, CA;

** CONTINUING DATA *****

This application is a CON of 09/620,174 07/19/2000 PAT 6,683,058 *LDL*
 which is a CIP of 09/060,543 04/15/1998 PAT 6,451,306 *LDL*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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Verified and Acknowledged *[Signature]* Examiner's Signature Initials

ADDRESS
 30542
 FOLEY & LARDNER
 P.O. BOX 80278
 SAN DIEGO , CA
 92138-0278

TITLE
 Methods for therapy of neurodegenerative disease of the brain

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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